

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application For A Class C Charter
Certificate From

DARRELL GERMAN ~~dba~~

"Ride it Out" ~~Rate~~
~~Service~~

217445 (FORM 1)
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-261-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

DARRELL GERMAN

Address:

1309 Cadence Dr.
MT. PLEASANT, SC 29466

Telephone:

(843) 884-9048

Fax:

(843) 884-9048

Other:

(843) 725-8744

Email:

Gmand3@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: |

RECEIVED

JUN 25 2009

PSC SC

DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE 6-9, 2009APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

"Ride it Out"

2. (a) Street Address of Applicant 1309 Cadence DR.
MT. PLEASANT, SC 29466

(b) Mailing address, if different from street address _____

(c) Telephone Number (843) 725-8744 Fed ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: 6 Year: 2009

Assets:	
Cash	<u>2000.00</u>
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	<u>15,000.00</u>
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	<u>17,000.00</u>
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, DARRELL GERMAN, PRESIDENT
(Name of Applicant's Representative) (Title)

of Ride it Out, the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At SummervilleThis 9 day of June 2009Helene Mifon

(Notary Public)

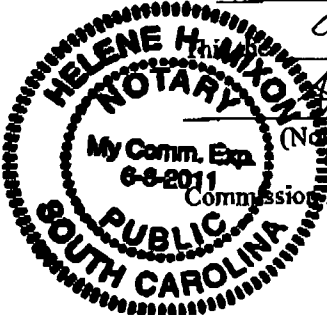
Darrell German
(Signature of Applicant's Representative)

EXHIBIT C

CLASS C CHARTER

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Ride it Out

For the transportation of passengers as follows:

Area to be served: CHARLESTON, Berkeley, and
Dorchester CountiesNumber of passengers: 7Fares: Maximum 700.00Date 6-9-09 DARRELL GERMAN
ByPresident
Title

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
DESCRIPTION OF EQUIPMENT

YEAR	MODEL & MAKE	VIN #	WEIGHT EMPTY	CARRYING CAPACITY *
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2002 INFINITI JNK DA31A42T027869 4419-lbs

* Seats if passenger carrier.

Date:

6-9-09

Ride it Out

(Applicant)

DARRELL GERMAN
(Applicant's Representative)President

(Title)

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(Executed in Triplicate)

Filed with South Carolina Dept of Motor Vehicles (hereinafter called Commission)
(Name of Commission)

This is to certify, that the STRATFORD INSURANCE COMPANY

(Name of Company)

(hereinafter called Company) of 400 PARSON'S POND DRIVE, FRANKLIN LAKES, NEW JERSEY 07417-2600

(Home Office Address of Company)

has issued to RIDE IT OUT, LLC

(Name Of Motor Carrier)

of 1309 CADENCE DRIVE, MOUNT PLEASANT, SC 29464

(Address Of Motor Carrier)

a policy or policies of insurance effective from 07/01/09 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 400 PARSON'S POND DRIVE, FRANKLIN LAKES, NEW JERSEY 07417-2600

(Street Address)

(City)

(State)

(Zip Code)

this 22ND day of JUNE 2009

Insurance Company File No. BAP0723559

(Policy Number)


(Authorized Company Representative)

IRB3539B

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

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Filed with South Carolina Dept of Motor Vehicles (hereinafter called Commission)
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(Name Of Motor Carrier)

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Countersigned at 400 PARSON'S POND DRIVE, FRANKLIN LAKES, NEW JERSEY 07417-2600

(Street Address)

(City)

(State)

(Zip Code)

this 22ND day of JUNE 2009

Insurance Company File No. BAP0723559

(Policy Number)


(Authorized Company Representative)

IRB3539B

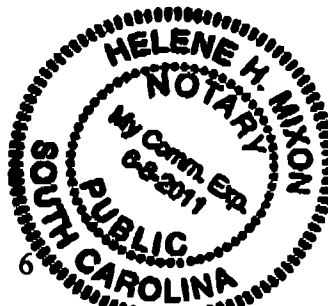
EXHIBIT FWA

Name: Darrell German DBA Ride it Out
Address: 1309 Cadence DR MT. Pleasant, SC 29466
Telephone No. 843 725-8744 **Fax No.** 843 884-9048
U.S.D.O.T. No. N/A **ICC No.** N/A

- Does Applicant have a Safety Rating from the U.S.D.O.T.?
 Yes _____ No ✓ Pending _____ (Submit when received)
 (If "yes", indicate rating and provide copy) Satisfactory _____
 Conditional _____
 Unsatisfactory _____
- Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
 Yes _____ No ✓
- Are there currently any outstanding judgment (s) against Applicant?
 Yes _____ No ✓
 (If "yes", indicate nature of judgment(s).)
- Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?
 Yes ✓ No _____
- Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
 Yes ✓ No _____
 (The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Darrell German
 (Applicant's Signature)

Sworn to before me
 At Summersville
 This 9th day of June, 2009
Helene Nixon
 (Notary Public)
 Commission Expires: _____



The State of South Carolina



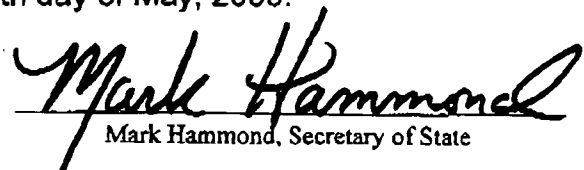
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

RIDE IT OUT, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on May 28th, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
29th day of May, 2009.


Mark Hammond, Secretary of State